



## Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends of Mike Barbieri

Account Number: \*\*\*\*\* Date of this Report: 01/19/2010

Reporting Period Start: 01/01/2009 Reporting Period End: 12/31/2009

Office: State House Of Representatives - District 18

Check the box that applies to this report:

Primary Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
General Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
Other Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
Special Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY

  X   YEAR END

Final Organization Closing:	<u>      </u> YES	<u>  X  </u> NO	Closing Date:	<u>                    </u>
Amendment:	<u>      </u> YES	<u>  X  </u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	01/01/2009 FROM	12/31/2009 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$1,067.09
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$8,800.00
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$0.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$0.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$8,800.00
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$0.00
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$0.00
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$0.00
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$9,867.09
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$0.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$9,867.09



## SCHEDULE A - TOTAL RECEIPTS

Account Number: \*\*\*\*\* Reporting Period: 01/01/2009 12/31/2009  
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
06/26/2009	Non-Partisan Citizens for Business Expansion	Wilmington, De	\$200.00	\$200.00
12/01/2009	New Castle County Chamber of Commerce	PO Box 11243 Wilmington, De 19850	\$200.00	\$200.00
12/01/2009	Delaware Medical PAC	131 continental Dr Ste 400 Newark, De 19713	\$400.00	\$400.00
12/01/2009	PHI PAC	703 Ninth St NW Room 1207 Washington, DC 20068	\$200.00	\$200.00
12/31/2009	Crossroads of De	109 W7th St. Wilmington, De 19801	\$600.00	\$600.00
12/31/2009	Andrea Barbieri	88 Iroquois Ct. Newark, De 19702	\$600.00	\$600.00
12/31/2009	Christopher Barbieri	118 S 18 Ave. Manville, NJ 08835	\$600.00	\$600.00
12/31/2009	Julie Lapadula	45 S. Main St Manville, NJ 08835	\$600.00	\$600.00
12/31/2009	Carpenters Local 626	PO Box 151 New Castle, De 19720	\$600.00	\$600.00
12/31/2009	Anheuser-busch OCS. Inc	Newark, De 19702	\$200.00	\$200.00
12/31/2009	Christoper Coons	PO Box 263 Rockland, De 19732	\$200.00	\$200.00
12/31/2009	Payroll Management Assistance	153 E Chestnut Hill Rd Suite 210 Newark, De 19713	\$600.00	\$600.00
12/31/2009	Alford Hamilton Associates	2512 Blackwood Road Wilmington, De 19810	\$300.00	\$300.00
12/31/2009	Zeneca Services	1800 Concord Pike PO Box Wilmington, De 19850	\$300.00	\$300.00
06/26/2009	Delaware Citizens for Economic Development	Wilmington, De	\$200.00	\$200.00

06/26/2009	Robert Byrd	11 Winding Ln Wilmington, De 19809	\$150.00	\$150.00
06/26/2009	Delaware Racing Association	777 Delaware Park Blvd. Wilmington, De 19804	\$600.00	\$600.00
<b>TOTAL RECEIPTS IN EXCESS OF \$100</b>				<b>\$6,550.00</b>
<b>TOTAL RECEIPTS NOT IN EXCESS OF \$100</b>				<b>\$2,250.00</b>
<b>GRAND TOTAL RECEIPTS</b> <b>(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)</b>				<b>\$8,800.00</b>





## SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Account Number: \*\*\*\*\* Reporting Period: 01/01/2009 12/31/2009  
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
TOTAL CONTRIBUTIONS IN EXCESS OF \$100				
TOTAL CONTRIBUTIONS NOT IN EXCESS OF \$100				
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)				





## SCHEDULE D-1 - LOANS RECEIVED

Account Number:                     \*\*\*\*\*                     Reporting Period:                     01/01/2009                                         12/31/2009                      
FROM TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

### LOANS RECEIVED IN EXCESS OF \$50:

Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
<b>TOTAL LOANS RECEIVED</b> <b>(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)</b>					





## SCHEDULE D-2 - LOANS

Account Number: \*\*\*\*\* Reporting Period: 01/01/2009 12/31/2009  
FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

### LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)							





## SCHEDULE F - NON-CASH ASSETS

Account Number: \_\_\_\_\_

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Reporting Period: \_\_\_\_\_

01/01/2009

FROM

12/31/2009

TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

### LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



## SCHEDULE G - ELIMINATION OF ASSETS

Account Number: \*\*\*\*\*

Reporting Period: 01/01/2009  
FROM

12/31/2009  
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

### LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			